

| <b>ORDER FOR SUPPLIES OR SERVICES</b>  |  |  |                                     |                                 |  |  |   |   |                         | PAGE 1 OF 7   |                |                           |  |
|--|--|--|-------------------------------------|---------------------------------|--|--|---|---|-------------------------|---|----------------|---------------------------|--|
| 1. CONTRACT/PURCH. ORDER/<br>AGREEMENT NO.<br>N66001-12-D-0043   |  |  | 2. DELIVERY ORDER/ CALL NO.<br>0004 |                                 | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2013 Apr 15   |  | 4. REQ./ PURCH. REQUEST NO.<br>1300341034   |   |                         | 5. PRIORITY   |                |                           |  |
| 6. ISSUED BY<br>SPAWAR SYSTEMS CENTER PACIFIC<br>SEAN B. KEARNS, CODE 22550<br>SEAN.KEARNS1@NAVY.MIL<br>53560 HULL STREET<br>SAN DIEGO CA 92152-5001   |  |  | CODE N66001                         |                                 | 7. ADMINISTERED BY (if other than 6)<br>DCMA SYRACUSE<br>615 ERIE BLVD., WEST<br>SUITE 300<br>SYRACUSE NY 13204-2408                     |  |   | CODE S3306A   |                         |   |                |                           |  |
| 9. CONTRACTOR<br>HARRIS CORPORATION<br>DUNS: 002204600<br>1680 UNIVERSITY AVE<br>ROCHESTER NY 14610-1839   |  |  | CODE 14304                          |                                 | FACILITY   |  | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><b>SEE SCHEDULE</b>                                   |   |                         | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                |                           |  |
|  |  |  |                                     |                                 |  |  | 12. DISCOUNT TERMS  |   |                         |   |                |                           |  |
| 14. SHIP TO<br><b>SEE SCHEDULE</b>   |  |  | CODE                                |                                 | 15. PAYMENT WILL BE MADE BY<br>DFAS COLUMBUS CENTER<br>DFAS-CO/NORTH ENTITLEMENT OPERATIONS<br>P.O. BOX 182266<br>COLUMBUS OH 43218-2266 |  | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Section G, Basic Contract                                |   |                         | <b>MARK ALL<br/>PACKAGES AND<br/>PAPERS WITH<br/>IDENTIFICATION<br/>NUMBERS IN<br/>BLOCKS 1 AND 2.</b>  |                |                           |  |
|  |  |  |                                     |                                 |  |  | 16. TYPE OF ORDER<br>DELIVERY/ CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> |   |                         |   |                |                           |  |
| 16. TYPE OF ORDER: DELIVERY/ CALL <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/><br>This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your quote dated _____<br>Furnish the following on terms specified herein. REF: _____<br>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |  |  |                                     |                                 |  |  |   |   |                         |   |                |                           |  |
| NAME OF CONTRACTOR   |  |  |                                     | SIGNATURE                       |  |  |   | TYPED NAME AND TITLE  |                         |   |                | DATE SIGNED<br>(YYYYMMDD) |  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____   |  |  |                                     |                                 |  |  |   |   |                         |   |                |                           |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE<br><b>See Schedule</b>  |  |  |                                     |                                 |  |  |   |   |                         |   |                |                           |  |
| 18. ITEM NO.   |  | 19. SCHEDULE OF SUPPLIES/ SERVICES           |                                     |                                 |  | 20. QUANTITY ORDERED/ ACCEPTED*  |   |   | 21. UNIT 22. UNIT PRICE |   | 23. AMOUNT     |                           |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.   |  | <b>SEE SCHEDULE</b>                          |                                     |                                 |  | 24. UNITED STATES OF AMERICA<br>TEL: 619-553-3327<br>EMAIL: justin.valeron@navy.mil<br>BY: Justin Valeron              |   |   | 25. TOTAL               |   | \$1,299,971.00 |                           |  |
|  |  |  |                                     |                                 |  |  |   |   | 26. DIFFERENCES         |   |                |                           |  |
|  |  |  |                                     |                                 |  |  |   |   |                         |   |                |                           |  |
|  |  |  |                                     |                                 |  |  |   |   |                         |   |                |                           |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  |  |  |                                     |                                 |  |  |   |   |                         |   |                |                           |  |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE   |  |  |                                     |                                 |  | c. DATE<br>(YYYYMMDD)  |   | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |                         |   |                |                           |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE   |  |  |                                     |                                 |  | 28. SHIP NO.   |   | 29. DO VOUCHER NO.  |                         | 30. INITIALS  |                |                           |  |
| f. TELEPHONE NUMBER  |  | g. E-MAIL ADDRESS                            |                                     |                                 |  | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL   |   | 32. PAID BY   |                         | 33. AMOUNT VERIFIED CORRECT FOR   |                |                           |  |
| 36. I certify this account is correct and proper for payment.  |  |  |                                     |                                 |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |   |   |                         | 34. CHECK NUMBER  |                |                           |  |
| a. DATE<br>(YYYYMMDD)  |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER |                                     |                                 |  |  |   |   |                         |   |                | 35. BILL OF LADING NO.    |  |
| 37. RECEIVED AT  |  | 38. RECEIVED BY                              |                                     | 39. DATE RECEIVED<br>(YYYYMMDD) |  | 40. TOTAL CONTAINERS   |   |   |                         |   |                | 41. S/R ACCOUNT NO.       |  |

## Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE           | AMOUNT        |
|---------|--|----------|------|----------------------|---------------|
| 0001    |  |          |      |                      | (b)(4)        |
|         | CPFF   |          |      |                      |               |
|         | Software In-Service Support for Soldier Radio Waveform (SRW)   |          |      |                      |               |
|         | Technical Support in accordance with the Basic Statement of Work (Attachment 1)                                      |          |      |                      |               |
|         | This is a Level-of-Effort Type Task Order  |          |      |                      |               |
|         | The total estimated cost plus fixed fee is based upon a total of (b)(4) labor hours (including subcontractor hours). |          |      |                      |               |
|         | FOB: Destination   |          |      |                      |               |
|         | PURCHASE REQUEST NUMBER: 1300341034  |          |      |                      |               |
|         |  |          |      | ESTIMATED COST       | (b)(4)        |
|         |  |          |      | FIXED FEE            | (b)(4)        |
|         |  |          |      | TOTAL EST COST + FEE | (b)(4) (b)(4) |
|         | ACRN AA  |          |      |                      | (b)(4)        |
|         | CIN: 130034103400001   |          |      |                      |               |

| ITEM NO | SUPPLIES/SERVICES                   | QUANTITY | UNIT | UNIT PRICE     | AMOUNT |
|---------|-------------------------------------|----------|------|----------------|--------|
| 0003    |                                     |          |      |                | (b)(4) |
|         | Other Direct Costs                  |          |      |                |        |
|         | COST                                |          |      |                |        |
|         | FOB: Destination                    |          |      |                |        |
|         | PURCHASE REQUEST NUMBER: 1300341034 |          |      |                |        |
|         |                                     |          |      | ESTIMATED COST | (b)(4) |
|         | ACRN AA                             |          |      |                | (b)(4) |
|         | CIN: 130034103400002                |          |      |                |        |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------|
| 0004    | CDRL              |          |      |            | (b)(4) |

DD Form 1423, Contract Data

Contract Data in accordance with DD Form 1423 (Exhibit A)

FOB: Destination

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NET AMT

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT  | INSPECT BY | ACCEPT AT   | ACCEPT BY  |
|------|-------------|------------|-------------|------------|
| 0001 | Destination | Government | Destination | Government |
| 0003 | Destination | Government | Destination | Government |
| 0004 | Destination | Government | Destination | Government |

## Section F - Deliveries or Performance

## DELIVERY INFORMATION

| CLIN | DELIVERY DATE                     | QUANTITY | SHIP TO ADDRESS         | UIC |
|------|-----------------------------------|----------|-------------------------|-----|
| 0001 | POP 15-APR-2013 TO<br>14-APR-2014 | N/A      | N/A<br>FOB: Destination |     |
| 0003 | POP 15-APR-2013 TO<br>14-APR-2014 | N/A      | N/A<br>FOB: Destination |     |
| 0004 | POP 15-APR-2013 TO<br>14-APR-2014 | N/A      | N/A<br>FOB: Destination |     |

## Section G - Contract Administration Data

## ACCOUNTING AND APPROPRIATION DATA

AA: 1731804 5T6M 252 00039 0 050120 2D 000000

COST CODE: A00001660435

AMOUNT: \$1,299,971.00

CIN 130034103400001: (b)(4)

CIN 130034103400002: (b)(4)

## CLAUSES INCORPORATED BY FULL TEXT

## 252.204-0001 LINE ITEM SPECIFIC: SINGLE FUNDING. (SEP 2009)

The payment office shall make payment using the ACRN funding of the line item being billed.

(End of clause)

## 252.204-7006 BILLING INSTRUCTIONS (OCT 2005)

When submitting a request for payment, the Contractor shall--

- (a) Identify the contract line item(s) on the payment request that reasonably reflect contract work performance; and
- (b) Separately identify a payment amount for each contract line item included in the payment request.

(End of clause)

## Section J - List of Documents, Exhibits and Other Attachments

## Exhibit/Attachment Table of Contents

| DOCUMENT TYPE | DESCRIPTION                | PAGES | DATE        |
|---------------|----------------------------|-------|-------------|
| Exhibit A     | CDRL                       | 7     | 14-FEB-2013 |
| Attachment 1  | Statement of Work<br>(SOW) | 15    | 13-MAR-2013 |